NOMINATING PETITION – COUNTYWIDE PARTISAN

We, the undersigned, registered and qualified voters	of the county of and star	te of Michigan, i	nominate the following
individual as a candidate to be voted for at the Prima	,	,	0
Candidate's name:	Name of Office Sought:		
Candidate's street address:	District Number, if any:		
Candidate's city or township:	Candidate's political part	y:	
• • • • • • • • • • • • • • • • • • • •	petitions for the same office than there are persons to be elec-	cted to the offi	ice, signs a petition more
than once, or signs a name other than his or her	own is violating the provisions of the Michigan election law.		
SIGNATURE AND PRINTED NAME	STREET ADDRESS OR RURAL ROUTE AND CITY OR TOWNSHIP	ZIP CODE	DATE OF SIGNING
1.	Street Address or Rural Route		
Signature	Street Address of Rural Route		MONTH DAY YEAR
Printed Name	City or Township		
2			
Signature	Street Address or Rural Route		MONTH DAY YEAR
Printed Name	City or Township		
DIRECTIONS TO PETITION SIGNER(S): Your signat	ure must be witnessed by a "circulator" who certifies that he/s	he personally of	observed the above-named
voter(s) sign the petition. YOU MAY WITNESS YO	UR OWN SIGNATURE AND SIGN BELOW AS THE CIRCULATOR.	If you do not v	vish to sign as circulator,
your signature must be witnessed remotely as pe	rmitted by Executive Order 2020-41, available at this link; the r	emote witness	will sign as circulator.
CERTIFICATE OF CIRCUITATORs The undersigned circulator	of the above notition asserts that he archa is 10 years of age as alder and a		– Do not sign or date certificate
CERTIFICATE OF CIRCULATOR: The undersigned circulator of the above petition asserts that he or she is 18 years of age or older and a United States citizen; that each signature on the petition was signed in his or her presence; that he or she has neither caused nor		until a	after circulating petition:
	d has no knowledge of a person signing the petition more than once; and	Signature:	
that, to his or her best knowledge and belief, each signature is the genuine signature of the person purporting to sign the petition, the		Date of	
	istered elector of the city or township listed in the heading of the petition,	signing:	
and the elector was qualified to sign the petition.		Printed name:	
If the circulator is not a resident of Michigan, the circulator shall make a cross or check mark on the line provided, otherwise		Street Address or	
each signature on this petition sheet is invalid and the signatures will not be counted by a filing official. By making a cross or check mark on the line provided, the undersigned circulator asserts that he or she is not a resident of Michigan and agrees to accept the		Rural Route:	
jurisdiction of this state for the purpose of any legal proceeding or hearing that concerns a petition sheet executed by the circulator		City, State,	
and agrees that legal process served on the secretary of state or a designated agent of the secretary of state has the same effect as if		Zip:	
personally served on the circulator.			
WARNING-A circulator knowingly making a false statement in the above certificate, a person not a circulator			culator's county of registration, if te in home state:
who signs as a circulator, or a person who signs	a name other than his or her own as circulator is guilty of a	registered to VOI	te in nome state.
misdemeanor.			

APPROVED BY THE DIRECTOR OF ELECTIONS on 4/21/2020 for use by candidates who meet all of the following criteria: (1) Are seeking nomination at the August 4, 2020 primary election; (2) Previously registered a candidate committee with the appropriate filing official on or before March 10, 2020; (3) Were required to file nominating petitions on or before April 21, 2020; and (4) Are seeking nomination to an office for which no filing fee option is available.